Career Education Options (CEO)

State Reporting Registration CEO contact CHSP@bellevuecollege.edu



Bellevue CEO Students are required to self-report the following information for state reporting purposes. The information you provide will be input into a database. Directions: Please complete this form for state reporting. If you do not fill out parts of this form, responses will be selected for you. **NEW STUDENT INFORMATION** Legal Last Name Legal First Name Street Address City and zip code Mailing Address (if different City and zip code than above) Home Phone Student Cell # E-mail Address Student Email Address **CITIZENSHIP** City of Birth Country of birth State of Birth U.S Citizen (please check) No If you are not a U.S. Citizen, *# of Months in Non U.S school please provide an estimated date you moved to the U.S. (Month, Day, Year - xx/xx/xxxx)* SCHOOL DISTRICT INFORMATION What was the last school you attended? Which School District do you live in? STUDENT DEMOGRAPHICS Date of Birth (Month, day year Gender Female ex. xx/xx/xxxx) Other (please specify) Ethnicity (check all that apply): Not Hispanic/Latino Dominican Cuban Mexican/Mexican American/Chicano Spaniard Puerto Rican Central American South American Latin American Other Hispanic/Latino Race Black American Indian or Alaska Native (specify tribe) White Asian (specify country) Pacific Islander (specify country)

For staff use:

Student Lives With (check all that apply)	Both Parents Father Only Mother/Step father Stepfather or Stepmother		Mother Only Father/Stepmother Grandparents Guardian										
	Agency	Se											
	Other												
Military Family	U.S. Armed Forces active duty												
	National Guard Member More than one member of armed forces/National Guard No Affiliation U.S. Armed Forces reserves Data Not Available												
							No Response/Refused to state						
							Language you currently Speak			Language Spoken at hor	me*		
							Native Language*			*A response of language than English (*) require WELPA Testing Date (ple enter date month, day, ex: xx/xx/xxxx)	s a ease		
							Homelessness	Shelters	Doubled-up	Unsheltered	Hotels/Motels	Not Homeless	
	Emergency Contact Name	2											
Relationship	onshipPhone												
PERSONAL BACKGRO	OUND												
Have you graduated from	high school? Ye	s No											
Did you ever have an IEP	or 504 plan? Ye	s No											
Disability (learning, phys	sical, or other) Ye	s No											
If yes, are you int	erested in working v	with Disabil	ity Support Services?	Yes No									
		VERIFICATI	ON OF INFORMATION										
The information on this form is tr cause for revocation of the studen		date. I understa	and that falsification of info	ormation to achieve enro	ollment or assignment may be								
Legal Student Name Printed	udent Name Printed S			gnature (print and sign): Date									

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Legal Student Name Printed